SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 5 OF THE (check only one) 17
Any information copied from such Reports and Statements mor for commercial purposes, other than using the name and a NANIE OF COMMITTEE (In Full) Full Name (Last, First, Middle Intifat) A. Cartinage William State City State Purpose of Disbursement Candidate Name Office Sought: House Senate Primary President District: Other (st	Zip Code Category/ Type General	person for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) B. Contribute Name (Last, First, Middle Initial) City State Purpose of Disbursement Candidate Name Office Sought: House Senate Primary Primary Other (s	General	Date of Disbursement Obio 1 2013 Amount of Each Disbursement this Period
Full Name (Last, First, Middle Initial) C. Cathida World Mailling Address City State Z Purpose of Disbursement Candidate Name Office Sought: House Senate Primary President State: District: Other (s	General	
SUBTOTAL of Disbursements This Page (optional)		319 80